

How does a Medicare certified rehabilitation agency add an extension site to their Medicare certification?

Outpatient Physical Therapy/Outpatient Speech Pathology/Outpatient Occupational Therapy (OPT/OSP/OOT) providers are required to report the proposed addition of any new extension site to the State survey agency prior to billing for services rendered at that site. Extension sites may be freestanding offices, suites in office or medical buildings, or, in some cases, spaces in existing nursing facilities. An extension site does not exist if the OPT/OSP/OOT is only treating inpatients in their rooms.

Extension sites must be able to meet the Medicare Conditions of Participation for OPTs/OSP/OOTs. All services provided at extension sites must also be provided at the primary site.

The records of patients treated at the extension site must be available at the parent site.

Extension sites may not be operated across State lines unless there is a reciprocal agreement between the states involved.

OPT/OSP/OOT providers must also report the proposed addition or the deletion of any extension sites to their fiscal intermediary via the CMS 855 A.

In order to determine whether or not your proposed extension site will qualify as part of your existing Medicare certified provider, you must provide your State survey agency with the attached requested information. You will receive notice from your State survey agency as to whether the proposed site can be considered an extension of your existing certified provider. If the extension is approved, you will receive notification of the effective date.

It should be noted that extension sites are subject to survey by the State survey agency, either in conjunction with the survey of the primary site or in lieu of the survey of the primary site.